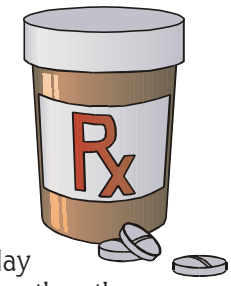
Winter 2003

State Health Plan

Prevention Partners

Avenues

How Do Name Brand Drugs Become Generics And, Why?



The State Health Plan Prescription Drug Program offers generic and brand name prescriptions. With this program, you simply show your State Health Plan ID card when you purchase your prescription from a participating pharmacy and pay a co-payment of either $7 for generic drugs or $22 for brand name medications for up to a 31- day supply. If the price of the prescription is less than the copayment amount, you pay the lesser amount.

A generic drug is identical, or bioequivalent to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated $8 to $10 billion a year at retail pharmacies (U.S. Food and Drug Administration). Even more billions are saved when hospitals use generics.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions. The process to market a generic, does not require the drug manufacturer to repeat costly animal and clinical research on ingredients

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The Inside Spot

New Study Shows Diabetes Management Workshops Give Participants a Healthy Return on Their Investment

Will the free diabetes management workshops offered through the State Health Plan Prevention Partners program have an impact on your health? The answer is: YES!

During the fall of 2002, the Budget and Control Board's Office of Research and Statistics compared a group of 196 State Health Plan (SHP) enrollees who attended a diabetes management workshop between 1995 and 1999, to a comparison group of SHP enrollees who did not attend such workshops in a matched cohort study.

Both groups were matched according to gender, age, diabetic complications such as kidney, vision, nerve and circulation problems and additional health problems including hypertension, high cholesterol, heart disease and cerebro-vascular disease. Participants and their matched cohorts

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Common Questions About Generic Drugs

Here are some frequently asked questions about generic drugs and answers from the FDA:

Q: What are generic drugs?
A: A generic drug is a copy that is the same as a brand-name drug in dosage, safety, and strength, how it is taken, quality, performance, and intended use.

Q: Are generic drugs as safe as brand-name drugs?
A: Yes. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts.

Q: Are generic drugs as strong as brand-name drugs?
A: Yes. The FDA requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs.

Q: Do generic drugs take longer to work in the body?
A: No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

Q: Why are generic drugs less expensive?
A: Generic drugs are less expensive because generic manufacturers don't have the investment costs of the developer of a new drug. New drugs are developed under patent protection. The patent protects the investment—including research, development, marketing, and promotion—by giving the company the sole right to sell the drug while it is in effect. As patents near expiration, other manufacturers can apply to the FDA to sell generic versions. Because those manufacturers don't have the same development costs, they can sell their product at substantial discounts. Also, once generic drugs are approved, there is greater competition, which keeps the price down. Today, almost half of all prescriptions are filled with generic drugs.

Q: Are brand-name drugs made in more modern facilities than generic drugs?
A: No. Both brand-name and generic drug facilities must meet the same standards of good manufacturing practices. The FDA won't permit drugs to be made in substandard facilities. The FDA conducts 3,500 inspections a year to ensure standards are met. Generic firms have facilities comparable to those of brand-name firms. In fact, brand-name firms are linked to an estimated 50 percent of generic drug production. They frequently make copies of their own or other brand-name drugs but sell them without the brand name.

Q: If brand-name drugs and generics have the same active ingredients, why do they look different?
A: In the United States, trademark laws do not allow a generic drug to look exactly like the brand-name drug. However, a generic drug must duplicate the active ingredient. Colors, flavors, and certain other inactive ingredients may be different.

Q: Does every brand-name drug have a generic counterpart?
A: No. Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who laid out the initial costs (including research, development, and marketing expenses) to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they have been thoroughly tested by the manufacturer and approved by the FDA.

So the next time you have a prescription to fill, ask for the generic brand. Generic drugs can save you money and provide you with the same effective outcome as the brand name drug.

The Preventive Worksite Screening: A Comprehensive Analysis You Can't Afford to Miss! Great for Your Health – Good for Your Budget!

Just a $15.00 check out of your pocket is all it takes to recognize the importance of early detection of disease. It can detect a *red flag* concerning your health status, before it progresses into a hard to manage condition. Prevention Partners has designed the Preventive Worksite Screening service to be very economical for active employees who are State Health Plan subscribers. The tests, if performed in a regular medical setting could cost hundreds of dollars! Detecting chronic conditions or symptoms of disease early can make your choice of medical treatment, quality of care, office visits, pharmaceuticals and any additional health care costs more economical.

The Preventive Worksite Screening includes a lipid profile, chemistry profile that includes blood urea, nitrogen, creatinine, glucose and electrolytes, a hemogram which measures red and white blood cells and provides hemoglobin levels and blood pressure, height, weight measurements and a written Health Risk Appraisal. The results of this comprehensive wellness analysis can help you gauge your overall health status. For instance, if your lipid profile reveals that your LDL level is 231, HDL level is 20 and triglyceride level is 200, these numbers indicate that you are at risk of developing heart disease, diabetes or other health complications.

There are several reasons why Prevention Partners encourages **all** eligible state health plan subscribers to participate in an annual Preventive Worksite Screening. First, the Preventive Worksite Screening provides a comprehensive wellness analysis that has been negotiated for only $15.00, a benefit that is affordable. Second, the Preventive Worksite Screenings can be used as a tool to gauge one's health status and view past health decisions – meaning you will be able to determine if your current lifestyle is working in your favor or against you. Third, the Preventive Worksite Screenings can be used to monitor your health status to determine the presence of risk factors that can lead to chronic diseases that you should tell your doctor about.

Any worksite has the opportunity to host a Preventive Worksite Screening. All a worksite coordinator or benefits administrator needs to do is complete a worksite screening request form and fax it to Prevention Partners at 803-737-3820. There is a required minimum of 25 participants for a worksite to host a Preventive Worksite Screening. If your worksite does not have the required minimum of twenty-five people, they can participate in a regional screening. Regional screenings are held once a month throughout the state.

To obtain a regional screening registration form, you can visit our Prevention Partners website at www.eip.state.sc.us (click on the Prevention Partners logo on the right side of the screen, then click on "Early Detection"), contact your Prevention Partners volunteer worksite coordinator, benefits administrator or contact Prevention Partners at 803-737-3820. Participating in a preventive worksite screening is one of the best investments you can make for your health and budget.

What other reason would you have for not participating in a preventive worksite screening? None! So, schedule a preventive worksite screening for your worksite or participate in a regional worksite screening – not only will you help your health care budget it could save your life.

2003 Regional Screenings

• March 26, 2003	Aiken, SC	• June, 25, 2003	Hampton, SC	• October 15, 2003	Rock Hill, SC
• April 16 – 17, 2003	Columbia, SC	• July 16, 2003	Florence, SC	• November 5, 2003	Beaufort, SC
• May 15, 2003	Spartanburg, SC	• August 13, 2003	Greenwood, SC	• November 19, 2003	Darlington, SC
• June 11, 2003	Greenville, SC	• September 17-18, 2003	Columbia, SC	• December 10, 2003	Anderson, SC

Drugs

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or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

To market generics, drug companies must submit an 'Abbreviated New Drug Application' (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

1. Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
2. Be identical in strength, dosage form and route of administration
3. Have the same use indications
4. Be bioequivalent
5. Meet the same batch requirements for identity, strength, purity, and quality
6. Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products.

Hemoglobin A1C: An Important Test for Patients with Diabetes

An A1C test (also know as glycated hemoglobin or HbA1C) gives you a picture of your average blood glucose control for the past two to three months. The A1C test assists the physician in determining if the current treatment is successful or indicates that a change in treatment is needed. To fully understand how this test measures and provides a look at your past blood glucose level over a three month period is very important.

The A1C test measures the amount of glucose that attaches to the hemoglobin in your red blood cells. Hemoglobin is found inside red blood cells. Its job is to carry oxygen from the lungs to all the cells of the body. Hemoglobin, like all proteins, link up all foods as they convert to glucose.

Your red blood cells live for about three months before they die and are replaced by new cells. Once the glucose is attached to the cell, it remains there for the lifecycle of the cell.

The greater the amount of glucose in your blood and the longer it remains high, the more glucose that will attach to those red blood cells. The amount of A1C formed is directly related to the amount of glucose in your blood. The more excess glucose in your blood, the more hemoglobin gets glycated.

If your diabetes is not well controlled, your blood glucose levels will be high, causing higher A1C levels.

A1C levels do not change quickly since red blood cells live for two to three months. Because of this, the amount of A1C in your blood reflects the average amount of glucose in your blood during the past two to three months. The red blood cells carry the "memory" of high blood glucose in the form of more A1C. This record changes as old red blood cells in your body die and new red blood cells with fresh hemoglobin replace them. The amount of A1C in your blood reflects glucose control for the past 120 days or the lifespan of the red blood cells.

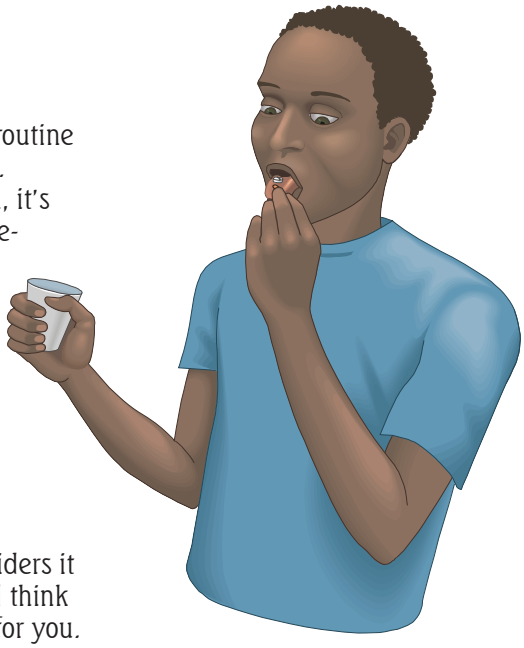
A healthy person without diabetes will have an A1C value that ranges between four and six percent. If your diabetes is under good control, your A1C value should be below eight percent. If you are doing especially well, your A1C value will be less than seven percent and may even approach the normal level. The closer it is to this normal level, the better your diabetes is under control.

Depending on the type of diabetes that you have, how well your diabetes is controlled, your A1C may be measured two to four times each year. The American Diabetes Association recommends testing your A1C:

- Four times each year if you have Type 1 or Type 2 diabetes and use insulin or,
- Two times each year if you have Type 2 diabetes and do not use insulin.

However, when first diagnosed with diabetes or if control is not good, A1C may be ordered more frequently. The A1C test does not take the place of daily testing. Everyone with diabetes can benefit from having this test.

Only You Can Manage Your Medications



For many people, taking medication is a regular part of their daily routine and they rely on them to treat their illness and improve their health. Although medicines can make you feel better and help you get well, it's important to know that all medicines, both prescription and over-the-counter, have risks as well as benefits.

The benefits of medicines are the helpful effects you get when you use them, such as lowering blood pressure, curing infection or relieving pain. The risks of medicines are the chances that something unwanted or unexpected could happen to you when you use them. Risks could include an allergic reaction, upset stomach or more serious liver damage or death.

When a medicine's benefits outweigh its known risks, the FDA considers it safe enough to approve. But before using any medicine, you should think through the benefits and the risks in order to make the best choice for you.

There are several types of risks from medicine use:

- The possibility of a harmful interaction between the medicine and a food, beverage, dietary supplement (including vitamins and herbals), or another medicine. Combinations of any of these products could increase the chance that there may be interactions.
- The chance that the medicine may not work as expected.
- The possibility that the medicine may cause additional problems.
- The possibility of an allergic reaction, even to a medication you have taken before

To help you weigh the risks and benefits, it is important to talk with your doctor, pharmacist or another qualified health care professional. These professionals can provide the necessary information and feedback needed for you to make a sound decision. However, there are things you must provide the health professional such as an up-to-date list of medicines you are taking or have been prescribed from all doctors, inform them about any allergies or sensitivities you may have experienced when taking certain medicines, your preference of administration (pill, shot or liquid) and any supplements or over-the-counter drugs you take. The information you provide can assist the health professional in providing the best medication plan that best suits your needs.

In order for health care providers to do their job you must first do yours. That means being an active participant by providing accurate information and asking questions. Also, when your doctor writes a prescription it would be helpful for you to inquire if medicine comes in a generic brand form. If it does, request the generic brand because it will provide you with the same benefits but will also save you money!

BOOKMARK Our Web site

1. Go to www.eip.state.sc.us.
2. Click on the Prevention Partners logo, located on the right side of your screen.
3. You are now on the Prevention Partners home page.
4. Now you can bookmark Prevention Partners as a favorite site for quick access to health information and upcoming events.

Be Your Own Advocate: What Every Health Care Consumer Should Know

Important Points to Address with Your Physician and Pharmacist

1. Keep an up-to-date, written list of all of the prescriptions and over-the-counter medicines, dietary supplements, vitamins and herbals that you use.
2. Share this list with all of your health-care professionals.
3. Tell them about any allergies or sensitivities that you may have.
4. Tell them about anything that could affect your ability to take medicines, such as difficulty swallowing or remembering to take them.
5. Tell them if you are or might become pregnant or if you are nursing a baby.
6. Always talk to your health-care professional about any concerns or thoughts that you may have.
7. If you prefer generic brands make sure you request that he prescribes you generics over brand names.
8. Ask if there is anything you can do to minimize side effects, such as eating before you take a medicine to reduce stomach upset. Ask what foods interfere with your medicine.
9. Before starting any new medicine, vitamins, herbal supplements or dietary supplements ask again if there are possible interactions with what you are currently using.

What You Should Know about Every Medicine You Take

- The brand and generic names
- What they look like
- How to store them properly
- When, how and how long to use them
- How and under what conditions you should stop using them
- What to do if you miss a dose
- What they are supposed to do and when to expect results
- Side effects and interactions
- Whether you need any tests or monitoring while taking your medicine
- Always ask for written information to take with you, request the full patient information insert from your pharmacist.

Read the Label and Follow Directions

- Make sure you understand the directions; ask questions if you have concerns or do not understand directions.
- Always double-check that you have the right medicine.
- Keep medicines in their original labeled containers, whenever possible.
- Never combine different medicines in the same bottle.
- Read and follow the directions on the label and the directions from your doctor and pharmacist on how to use the medicine.

Workshops -From Page 1

were compared with each other over a 2-year period.

The costs of each group were compared in terms of average total medical payment per patient and average drug costs per patient.

Participants in the Diabetes Chronic Disease Workshops decreased their medical claims costs by $2,324.23 per enrollee as compared with non-participants. This indicates that better glucose control, increased knowledge about the disease and enhanced self-management skills decreased emergency room visits, hospitalizations and serious complications.

Although the average drug cost per participant increased by $200.24 compared to non-participants. We believe this is a good indication of better patient compliance and a very important step in maintaining and controlling the risk of complications.

A healthy investment of time, resources and effort while learning more about your chronic illness will earn you a healthy return in quality of life and a decreased financial burden.